

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 224

Registered No. 144

### 1. PLACE OF BIRTH

County. Central Graham

State. Arizona

District or Township. Safford

or Village

City. Central

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child. Raymond Rex Hubbard

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth

June 21-1928  
Month Day Year

8.

FATHER

Full name

Emory B. Hubbard

9. Residence

(Usual place of abode)

If non-resident, give place and state. Mesa, Arizona

10. Color or race

White

11. Age at last birthday 30 (Years)

12. Birthplace (city or place)

(State or country)

Hubbard

13. Occupation

Nature of industry

Ditch Boss

14.

MOTHER

Full maiden name

Audrey Taylor

15. Residence

(Usual place of abode)

If non-resident, give place and state. Mesa, Ariz

16. Color or race

White

17. Age at last birthday 22 (Years)

18. Birthplace (city or place)

(State or country)

Mesa

Arizona

19. Occupation

Nature of industry

House wife

20. Number of children of this mother. 3

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 2

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum.

Yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was alive at 1:15 p. m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife; then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

R. D. Anderson M.D.

(Physician or midwife)

Given name added from a supplemental report

Address

Puma, Ariz

Month, day, year

Filed July 8, 1928

H. B. J.

Registrar. 1

Registrar.